

LOCAL AGENCY LETTERHEAD

Date: _____

PAVEMENT MANAGEMENT SYSTEM CERTIFICATION

The City/County of _____ certifies that it has a Pavement Management System (PMS).

The system was developed by _____ and contains, as a minimum, the following elements from the attached federal requirements:

- Inventory of arterial and collector routes reviewed and updated biennially. The last update of the inventory was completed on _____, 20 ____.
- Assessment of pavement condition for all routes in system incorporating the use of the international roughness index or the pavement serviceability rating data, updated biennially. The last review of pavement condition was completed on _____, 20 ____.
- History of pavement performance.
- Identification of all sections of pavement needing rehabilitation or replacement.
- Determination of budget needs for rehabilitation or replacement of deficient sections of pavement for current biennial period, and for following biennial period.
- Impact of budget decisions on future pavement condition.

(If PMS system was developed in-house, briefly describe it on an attached sheet.)

Agency_____
Signature_____
Title

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